Case 18-24293-KCF Doc 27 Filed 01/07/19 Entered 01/07/19 16:52:08 Desc Main

		Document	Page 1 of 7					
Fill in this information to identify your case:								
Debtor 1	Shamsun N Helal	у						
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY								
Case number	18-24293							

Check if this is an amended filing

### Official Form 106Sum

(if known)

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

	roriginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	11: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	406,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	12,800.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	418,800.00
Par	12: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	884,527.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	5,448.00
	Your total liabilities	\$	889,975.00
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	9,897.95
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	8,497.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sc	hedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Shamsun N Helaly

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Case number (if known) 18-24293

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.

9,271.40

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cl	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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Fill in this information to identify your case:	
Debtor 1 Shamsun N Helaly	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY	
Case number 18-24293	Check if this is:
(If known)	■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date:
Official Form 106I	MM / DD/ YYYY

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	Tt 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed □ Not employed	<ul><li>■ Employed</li><li>□ Not employed</li></ul>
	Include part-time, seasonal, or self-employed work.	Occupation Employer's name	Mercy Diagnostics Inc	_
	Occupation may include student or homemaker, if it applies.	Employer's address	2040 Brigss Road Suite B Mount Laurel, NJ 08054	
		How long employed to	here?	
Pai	rt 2: Give Details About Mon	thly Income		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay.

3. 3,260.40

For Debtor 1

3.260.40

+\$ 0.00 0.00 \$ 0.00

For Debtor 2 or non-filing spouse

0.00

Calculate gross Income. Add line 2 + line 3.

Debt	tor 1	Shamsun N Helaly	_	С	ase number	(if known)	18-2	4293		
					For Debtor	· 1		Debtor n-filing s		
	Cop	y line 4 here	4.		\$ 3,	260.40	\$		0.00	)
5.	List	all payroll deductions:								_
	5a.	Tax, Medicare, and Social Security deductions	5a		\$	562.45	\$		0.00	)
	5b.	Mandatory contributions for retirement plans	5b		\$	0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c		\$	0.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d		\$	0.00	\$		0.00	<del>-</del>
	5e.	Insurance	5e		\$	0.00	\$		0.00	)
	5f.	Domestic support obligations	5f.		\$	0.00	\$		0.00	
	5g.	Union dues	5g		\$	0.00	·     \$_		0.00	
	5h.	Other deductions. Specify:	5h	.+	\$	0.00	+ \$_		0.00	<u>)                                    </u>
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.			562.45	. \$_		0.00	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	\$2,	697.95	. \$_		0.00	<u>)                                    </u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$	0.00	\$	6,	011.00	)
	8b.	Interest and dividends	8b		\$	0.00	\$		0.00	)
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$	0.00	\$_		0.00	_
	8d.	Unemployment compensation	8d		\$	0.00	. \$_		0.00	_
	8e.	Social Security	8e		\$1,	189.00	. \$_		0.00	<u>)</u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f.		\$	0.00	\$_		0.00	<u>)</u>
	8g.	Pension or retirement income	8g		\$	0.00	\$_		0.00	
	8h.	Other monthly income. Specify:	8h	.+	\$	0.00	+ \$_		0.00	<u>)                                    </u>
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,	189.00	\$_	(	6,011.0	00
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	3,886.9	95 + \$		011.00	= \$	9,897.95
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	3,000.	93 T V		011.00	-  Ψ -	9,091.93
11.	Stat Incli	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your prize friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a second contribution.	depe		. ,		·	Schedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						. 12.	\$	9,897.95
								'	Combi	ined Ily income
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?							,
	=	No.								

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Fill	in this informa	tion to identify yo	our case:							
Deb	otor 1	Shamsun N	Helaly			Che	eck if this is: An amended filing			
	otor 2 ouse, if filing)					A supplement showing postpetition chapter 13 expenses as of the following date:				
Unit	ed States Bankr	uptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / DD / YYYY			
1	e number 18	3-24293								
		rm 106J				•				
		J: Your						12/1		
info	ormation. If m		eded, atta	If two married people ar ch another sheet to this n.						
Par		ibe Your House	hold							
1.	Is this a joir  No. Go to									
		s Debtor 2 live i	n a separa	ate household?						
	□ N	-	st file Offici	al Form 106J-2, <i>Expen</i> ses	for Separate House	ehold of Del	otor 2.			
2.	Do you have	e dependents?	■ No							
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?		
	Do not state dependents							□ No □ Yes		
	acpondento	names.					_	☐ No		
								☐ Yes		
								□ No □ Yes		
								□ No		
3.	Do your eyr	enses include	_					☐ Yes		
Э.	expenses of	f people other to d your depende	han $_{oldsymbol{\square}}$	No Yes						
Est	imate your ex		our bankrı	y Expenses iptcy filing date unless y y is filed. If this is a supp						
the		n assistance an		government assistance it luded it on <i>Schedule I: Y</i>			Your exp	enses		
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4.	\$	4,500.00		
		led in line 4:	o ground 0	. 100			·			
						,	Φ	2.22		
		estate taxes rty, homeowner's	s, or renter	s insurance		4a. 4b.	•	0.00 0.00		
	•	•		pkeep expenses		4c.	:	150.00		
_		owner's associat				4d.	·	0.00		
5.	Additional r	nortgage payme	ents for yo	ur residence, such as ho	me equity loans	5.	<b>\$</b>	0.00		

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ebtor 1	Shamsun N Helaly	Case num	ber (if known)	18-24293
. Utili	ities:			
. 6a.	Electricity, heat, natural gas	6a.	\$	200.00
6b.	Water, sewer, garbage collection	6b.	·	110.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	·	300.00
6d.	Other. Specify:	6d.	· —	0.00
	d and housekeeping supplies	7.	·	550.00
			·	
_	dcare and children's education costs	8.	\$	0.00
	thing, laundry, and dry cleaning	9.	\$	200.00
	sonal care products and services	10.	\$	75.00
	lical and dental expenses	11.	\$	40.00
	nsportation. Include gas, maintenance, bus or train fare.	12.	¢	100.00
	not include car payments.		·	
	ertainment, clubs, recreation, newspapers, magazines, and books	13.		75.00
	ritable contributions and religious donations	14.	\$	0.00
	irance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	4.5	¢.	050 00
	Life insurance	15a.	·	350.00
	Health insurance	15b.		37.00
15c.	Vehicle insurance	15c.	·	310.00
15d.	Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spe	cify: Estimated Taxes	16.	\$	1,500.00
. Inst	allment or lease payments:			
17a.	Car payments for Vehicle 1	17a.	\$	0.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report as		·	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spe		19.		
•	er real property expenses not included in lines 4 or 5 of this form or on Scho	edule I: Yo	our Income.	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	\$	0.00
	Property, homeowner's, or renter's insurance	20c.	· —	0.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
	Homeowner's association or condominium dues	20a. 20e.	· <u> </u>	0.00
			•	
Oth	er: Specify:	21.	+\$	0.00
Calc	culate your monthly expenses			
	Add lines 4 through 21.		\$	8,497.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	0,101100
			·	2 42 2 2
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	8,497.00
. Calc	culate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	9,897.95
	Copy your monthly expenses from line 22c above.	23b.	· <u> </u>	8,497.00
200.	Copy your monary expenses from the 220 above.	200.		U,431.00
230	Subtract your monthly expenses from your monthly income.			
230.	The result is your <i>monthly net income</i> .	23c.	\$	1,400.95
	The result is your monthly net moonle.			•
4. <b>Do</b> v	you expect an increase or decrease in your expenses within the year after yo	ou file this	s form?	
	example, do you expect to finish paying for your car loan within the year or do you expect you			ease or decrease because of
	fication to the terms of your mortgage?	0 0		
	Nn.			
□ Y				
	US. LEAPIGHT HOLD.			

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Fill in this information to identify your case:							
Debtor 1	Shamsun N Helal	у					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERSEY					
Case number	18-24293						
(if known)				■ Check if this is an			
				amended filing			

Official Form 106Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below							
Di	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?							
	No							
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)					
	der penalty of perjury, I declare that I have read the summat they are true and correct.  /s/ Shamsun N Helaly Shamsun N Helaly	y and schedules filed with the  X  Signature of Debtor 2	is declaration and					
	Signature of Debtor 1  Date January 7, 2019	Date						